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CHRONIC THROAT AFFECTIONS OF RHEUMATIC ORIGIN.

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CHRONIC THROAT AFFECTIONS OF RHEUMATIC ORIGIN.

BY MAX THORNER, M.D., CINCINNATI, OHIO.

ACUTE tonsillitis and pharyngitis have been known, to early writers, to be sometimes local complications of acute rheumatism. These manifestations in the throat are either of a prodromic nature, followed sooner or later by an attack of articular or muscular rheumatism, or they are established after other parts of the body have been affected; or the rheumatic throat trouble may be idiopathic. Thus we hear and read of *angina rheumatica*, *tonsillitis rheumatica*, etc., and have become used to treat these affections as manifestations of rheumatism with results that are mostly very satisfactory.

CHRONIC rheumatic affections of the throat are little known, or at least described. Yet there is no doubt that we have, not unfrequently, to deal with obstinate throat ailments that are associated with or due to chronic rheumatism. The first who called attention to this form of chronic laryngitis was Dr. E. Fletcher Ingals of Chicago, in a paper read before the Laryngological Section of the Ninth International Medical Congress at Washington, in the year 1887.* Since that time I have paid more particularly attention to this variety of laryngitis, and am able to corroborate the statements of Dr. Ingals in all essential points. In fact, I could distinguish a form of

* Transactions of the Ninth Inter. Med. Congress, Washington, 1887. Vol. IV.

chronic pharyngitis and laryngitis that was evidently due to rheumatism. These affections are, as a rule, very obstinate, and resist every treatment except that which is directed against the diathesis.

The most prominent symptom of this affection is pain, either in the pharynx, or in the larynx, or in both. We may therefore follow Ingals in calling it chronic rheumatic sore throat. If we take in consideration the nature of rheumatic inflammation in general, we can readily see why certain regions of the throat have apparently a predilection for localization of pain and other symptoms. Rheumatism is preëminently a disease of the motor apparatus. We may, therefore, expect to find the seat of the rheumatic affections of the throat in the numerous small muscles of the same, and the fibrous tissues connecting the muscles with the bones and cartilages, and with each other. And, indeed, the anatomical conditions for such affections are plentiful in this region. The muscular cover of the frame-work of the neck consists of a number of small muscles, with comparatively extensive fibrous and aponeurotic connections, and these latter structures seem to be greatly predisposed for the localization of the rheumatic attack.

Regarding the etiology and pathology, not much has been ascertained as yet. We know that the chronic muscular rheumatism has a somewhat doubtful position in our classification of diseases. And yet it is a well-known fact that we meet frequently with painful muscular affections, which we are accustomed to term chronic muscular rheumatism, even if it were only for want of a better name. Pain in certain groups of muscles as well after use as on pressure, exacerbations of the soreness during changeable weather, remissions during fine weather, no visible or palpable changes of structure, the absence of fever, the fact that anti-rheumatic treatment is the only

one that affords relief, and the absence of any other plausible cause of the pain, and impaired action, are the principal reasons for such a diagnosis. Thus we leave any speculations regarding the nature of the specific poison out of consideration. Taking this view, we may well accept the term chronic rheumatism, of which Dr. T. J. Maclagan, in his treatise on rheumatism, says: "It is due to the presence and direct action of the rheumatic poison, and is not necessarily, or even usually, accompanied by any perceptible change in the textures involved. It consists simply in rheumatic disturbance of the affected tissue. It differs from the acute and the subacute form, not in nature, but in degree, and sometimes in the special textures involved. It is a true rheumatic attack, in which the morbid process and local disturbance are not sufficiently marked to raise the temperature, or to lay the patient up. The textures involved are the same as those which suffer in the acute and subacute forms, with this difference, that the fibrous aponeuroses and muscles are more apt to be affected. Indeed, for clinical purposes, cases of chronic rheumatism might usefully be divided into two classes—chronic articular rheumatism and chronic aponeurotic or muscular rheumatism."

The principal symptom of chronic rheumatic sore throat is, as the name implies, pain, localized in and about the pharyngeal and laryngeal region, sometimes extending from the faucial region towards the jugulum. However, in most of the cases that have come under my observation, the pain did not extend over so large a surface, but was more frequently limited to small circumscribed areas. There are a few spots which seem to be predisposed to the rheumatic attacks, and these were the posterior pillars of the fauces, the root of the tongue (an analogon to the acute form of lingual rheumatism, mentioned by Mr.

Henry T. Butlin),* the whole region over the hyoid bone, especially corresponding to the location of the greater cornua, and the lateral parts of the thyroid cartilage. The anatomical conditions of the region around the hyoid bone, where the fibrous attachments of so many small muscles are centered, and of the outer surface of the thyroid cartilage, with the insertion of several muscles, explain readily the cause of this predilection. These rheumatic pains are intermittent, and worse during changeable weather. On pressure we find often exceedingly painful spots, particularly in the region between the hyoid bone and the trachea. Deglutition is mostly, phonation sometimes, difficult and painful. The whole neck, including the large muscles, may be affected, so that we have a veritable *myalgia cervicalis chronica;* and even an impairment of action may result, that the head is turned more or less towards one side, in which case we have a form of *torticollis rheumaticus chronicus.* In addition to the pain, the patients complain often of a dry or burning sensation in the throat, and in a few of my cases the sensation of a foreign substance was very troublesome to the patient. Though some of the patients experience fatigue when speaking, I always failed to notice more than slight huskiness of the voice.

Locally, there is more or less congestion of the mucous membrane, which is sometimes limited to small circumscribed spots. These latter are always very sensitive. As a rule, the congestion and swelling are not very pronounced, and may be even missing at all. Erosions, ulcerations or neoplastic formations are never found in the throat. The vocal cords may or may not present a condition as it is found in chronic laryngitis, and the approximation of the same was noticed to be somewhat

* Diseases of the Tongue. 1885.

impaired in a few cases, where one of the principal complaints of the patients was the fatigue experienced after any attempt at speaking. I never saw a case among these chronic affections like that of Laranza, where, during an attack of acute laryngeal rheumatism, the intrinsic muscles only of the larnyx were affected, the vocal cords being fixed in the middle line, which resulted in complete aphonia. In this case all pain was absent.*

The diagnosis must, in addition to the local symptoms, be chiefly based on the history of the patients. Most of them have suffered from other manifestations of rheumatism before, or may have inherited a rheumatic diathesis. Sometimes the occupation exposes the patient to so-called rheumatic influences, as in Case I, reported below. However, I have seen cases where rheumatism could not be traced from the history or the occupation of the patients. The pain is different in character from neuralgic pains and yields only to certain treatment, which allows us, eventually, to make the diagnosis *ex juvantibus aut non juvantibus*.

In fact, the effect of treatment is sometimes the best aid in ascertaining the diagnosis. Local applications alone have failed in every instance, in my hands, to effect a cure or to afford more than temporary relief. In cases where the congestion was very pronounced, 5 to 10 per cent. solutions of nitrate of silver, or 3 to 5 per cent. solutions of chloride of zinc, used as a pigment, proved useful. Sprays were sometimes very effective in relieving the painful sensations temporarily. I have used with good results the solution of morphia, grs. iv, carbolic acid and tannic acid, grs. xxx, glycerine and water, aa ℥ iv., as recommended by Fletcher Ingals;† also, counter-irritants applied to the skin above the painful spots, in the

*Quoted from Dr. J. Solis-Cohen's Abstract in the Amer. Journal of the Med. Sc., Jan. 1889.

† Trans. 38th meeting Illinois State Med. Society, May 17, 1888.

form of tincture of iodine or sinapisms, were used to advantage.

The best results I had, however, from the administration of internal remedies. I have used in nearly all cases salol, or salicylate of sodium, in large doses, and found their action in more than half of my cases satisfactory, though not as prompt as in the acute form of rheumatism. When they failed, I seldom could derive benefit from any other remedy, though iodide of potassium, bromide of potassium, extract of phytolacca, oil of wintergreen, etc., as recommended by Fletcher Ingals, may be tried. In very obstinate cases I saw the best results following the application of the electric current, or the use of massage of the neck, or of both together. Massage seems to be very effective in stimulating the circulation in the superficial as well as deeper lymph vessels of the neck, as shown by Dr. Averbeck.* Electricity I have used in the form of the galvanic or faradic current, and had good results in cases that were not amenable to any other treatment.

I have seen, altogether, nineteen cases which I would consider as suffering from chronic rheumatic sore throat. Thirteen of these were men, six women. Their ages were between twenty and forty-seven years. Three of the cases were very typical, and I shall abstract them in brief from my note-book.

Case I. F. K., 37 years of age, an ice-carrier on an ice wagon; consulted me July 17, 1888. He had had a sensation of constriction in his throat since at least one year, and of late a decided pain, which was localized on both sides from the posterior pillars of the fauces towards the hyoid bone. He had never had rheumatism, but his father had been a sufferer from this disease for years. His occupation compelled him often to go, when overheated, inside the enormous ice-boxes in hotels.

* Die Kehlkopf-Massage. Dtsch. Medizinalztg., 1888, p. 397.

There was a well-defined redness in both sides of the pharynx, extending downward toward the bottom of the pyriform sinus. The whole region over the hyoid bone was extremely sensitive, especially so the cornua. Local treatment was unavailing. Salol, in fifteen grain doses every three hours, relieved him as long as he continued taking it, but did not prevent frequent recurrences. Then I used the faradic current daily on both sides of the larynx, continued salol and local applications of chloride of zinc in 3 per cent. solution. Patient was discharged after two weeks' treatment and has been well since.

Case II. Miss M. R., 21 years of age, consulted me February 12, 1888. Had had sore throat since ten weeks. Gargles and home remedies had failed to relieve her. When nineteen years old she had been suffering from articular rheumatism, which had been preceded by a very sore throat. The whole pharynx was moderately congested; the tonsils were slightly enlarged. The base of the tongue was specially painful. Local applications of chloride of zinc, and the use of detergent and sedative sprays relieved her greatly, but not entirely. A few weeks thereafter she was worse again. I then had her take salol in addition to the local treatment, which effected a cure in four days. She was free until last fall, when, after exposure to rough weather, she contracted the affection again. The same treatment had the same result. This time I continued the salol for two more weeks, and had her take an iron tonic, she being quite chlorotic at the same time. She has had no recurrence since.

Case III. A married lady, 40 years of age, of pronounced rheumatic diathesis, was seen by me first November 3, 1888. Had been suffering with rheumatism for many years, and was not entirely free from it at the time she consulted me. She had noticed, during the changeable weather of the previous spring, that her throat

was constantly sore, and, whilst she had been free from any inconvenience during the summer, she was again greatly annoyed since changeable weather had set in. Pain was complained of on both sides of the throat. The whole neck felt sore, deglutition was slightly painful and prolonged speaking tired her soon. There was locally only slight congestion, especially over the arytenoid cartilages. Action of the vocal cords was unimpaired. I employed several local applications, and gave internally salol, afterward salicylate of sodium, with but little relief. These two drugs had also failed in regard to her other rheumatic trouble. Iodide of potassium seemed to help her for a short while only; and massage as well as electricity gave her only temporary relief. Her case seemed to be not amenable to treatment. Finally, after she had spent a number of weeks at the hot springs of Mt. Clemens, Michigan, she returned apparently cured.

These three cases show the average type of this class of affections. They are mostly all obstinate, and recurrences are common. Yet, with the treatment indicated, we may hope to get satisfactory results in a class of affections which otherwise might resist all our efforts, or probably might try our patience, as well as that of our patients, well-nigh to exhaustion. And this is the reason that I believe we may number them among the manifestations of chronic muscular rheumatism.